INDIVIDUALIZED EDUCATION PROGRAM

Student Name _____ D.O.B. _____ Age _____ Gender _____
First Middle Last

Social Security # _____ I.D. Code _____ Grade _____

Name of Parent/Surrogate/Guardian _____ Phone: Home _____ Phone: Work _____

Address _____ Apt.# _____ City _____ Zip _____

District of Residence _____ Attending District _____

Home Language _____ Student's Language _____

Migrant Ed: ❑ NO ❑ YES

Interpreter Required: ❑ NO ❑ YES

Limited English Proficient: ❑ NO ❑ YES

Translation of IEP Required: ❑ NO ❑ YES Language _____

ETHNICITY

❑ Native American ❑ Hispanic
❑ Black ❑ White
❑ Other _____

DATES

This IEP _____/_____/_____
Next IEP _____/_____/_____
Last Triennial _____/_____/_____
Next Triennial _____/_____/_____
Initial Placement in Special Ed. _____/_____/_____

PURPOSE OF MEETING

❑ Initial I.E.P. ❑ Annual Review ❑ Triennial
❑ Transition ❑ Other _____

AGENCY SERVICES

❑ CA Child. Services (CCS) ❑ Dept. of Rehabilitation
❑ County Mental Health ❑ Regional Center
❑ Dept. of Social Services
❑ Other _____

RESIDENCY

❑ Parent/Guardian ❑ Foster
#_____
❑ Licensed Children's Institution #_____
❑ Other _____

PRIMARY DISABILITY CATEGORY

❑ Specific Learning Disability
❑ Hard of Hearing
❑ Deaf
❑ Deaf-Blind
❑ Visually Impaired
❑ Orthopedically Impaired
❑ Emotionally Disturbed
❑ Speech/Lang. Impaired
❑ Other Health Impaired
❑ Mental Retardation
❑ Multiple Disabilities
❑ Autistic
❑ Traumatic Brain Injury
❑ Estab. Med. Disablility (0-5yrs)

PRIMARY SERVICE

	Considered	*Recommended*
❑ General Education	❑	
❑ Designated Instruction	❑	
❑ Resource Specialist	❑	
❑ Special Day Class	❑	
❑ Non Public School	❑	
❑ Other _____	❑	

PRIMARY SERVICE LOCATION

_____
_____

Preschool Setting _____

_____

PHYSICAL EDUCATION

❑ General Education ❑ Specially Designed
❑ Modified Gen. Ed. ❑ Adapted P.E. (DIS)

OTHER PROGRAM INFORMATION

Extended School Year ❑ NO ❑ YES _____

Differential Proficiency Standards for Graduation Required
❑ NO ❑ YES _____

Participating in Workability? ❑ NO ❑ YES

TRANSPORTATION

❑ NO ❑ YES _____

DESIGNATED INSTRUCTION AND SERVICES

Service	Start/End Date	Frequency/Time* (circle one)	Location
		_____/ per wk / mo / yr	
		_____/ per wk / mo / yr	
		_____/ per wk / mo / yr	
		_____/ per wk / mo / yr	

*Excluding non-student days per school calendar.

PARENTAL CONSENT *(Please initial areas that are acceptable)*

____ I received a NOTICE OF PROCEDURAL SAFEGUARDS and understand them.
____ I have had the opportunity to help develop this IEP.
____ I agree with the goals and objectives of this IEP.
____ I agree with the placement and service recommendations.

_____
Signature of Parent/Guardian/Surrogate/Student Date

In addition to the parents, the following were participants in the development of the Individualized Education Program (IEP)

_____ _____
Special Education Teacher/Provider Date

_____ _____
General Education Teacher Date

_____ _____
School District Representative Date

_____ _____
Student (when appropriate) Date

_____ _____
Additional Participant/Title Date

_____ _____
Additional Participant/Title Date

_____ _____
Additional Participant/Title Date

IEP SERVICES

IEP Services/Modifications will begin _____

Duration of Services/Modifications _____

INTEGRATION

Amount of time student participates in general education program: _____%

CA STATE / DISTRICT WIDE ASSESSMENTS:

❑ General Education
❑ Full Participation ❑ Partial Participation _____
❑ w/out Accomm. ❑ w/Accomm. _____

❑ Alternate Assessment
Why? _____
What? _____

Triennial Reevaluation Plan

❑ Not due prior to next IEP review date.
❑ Triennial reevaluation due prior to next IEP review date. IEP team recommends that triennial evaluation be comprised of summary of progress and current educational performance.
❑ Other _____

_____
Parent Signature Date

WHITE - Original **CANARY** - Parent/Guardian/Surrogate **PINK** - Case Manager